PATENT APPLICATION FEE DETERMINATION REC Effective October 1, 2003 CLAIMS AS FILED - PART I							Application or Docket Number				
							/				
							0	9/8	97	85	99
CL		40.1				SMALI	- EN	IIITY '		ОТН	ER THAN
TOTAL CLAIMS		(Colonal I)		(Column 2)		TYPE [OF		
FOR	NI II	NUMBER FILED				RATE		FEE	4	RATE	
TOTAL CHARGEABLE				NUMBER EXTRA		BASIC FEE		385.00	OF	BASIC FE	E 770.00
INDEPENDENT CLAIMS	20.1113	minus 20≈				XS 9=			OR	XS18=	
MULTIPLE DEPENDENT	CI AIM PRESEN	minus 3 =				X43=			OR	X86=	
						+145=			OR	+290=	
* If the difference in colu	umn 1 is less tha	ess than zero, enter "0" in column 2			L	TOTAL			OR		-
المار مرام المرام	S AL AWEN	DED - PART	Fli				L,		JON		R THAN
	umn 1) Alms	(Colum		(Column 3)		SMALI	LE	YTITY	OR		ENTITY
✓ RFM.	AINING TER	HIGHE	ER	PRESENT	lΓ	RATE		ADDI-			ADDI-
AMEN	DMENT	PREVIO		EXTRA		HAIE		IONAL FEE '		RATE	TIONAL
Total . 3	7 Minus	- 3	9	=		X\$ 9=			OR	X\$18=	
FIRST PRESENTATION	Minus	DEDE 1/2	2_	<u> -</u>		X43=	1	-	OR	X86=	
TINOT PRESERVATION	N OF MULTIPLE	DEPENDENT	CLAIM		上	+145=	†-				
1.1			-		L	+ 145= TOTAL	+		OR	+290=	
10/13/05 (Colum	mn 1)	Colum	(Column 2) (Column 3)				L		OR ,	DOIT. FEE	
CLA	IMS	HIGHE:	ST	(Column 3)	Г		ΤΔ	DDI-	F	· · · · · · · · · · · · · · · · · · ·	400/
AFT	ER	PREVIOU	SLY	PRESENT EXTRA		RATE	TIC	ONAL	- }	RATE	ADDI- TIONAL
Total . 2	6 Minus	PAID FO	9				-	EE	ŀ	٠.	FEE
REMALATI AMEND Total - 3 Independent -	7 Minus		5		}-	(\$ 9=	_		OR	X\$18=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						K43= .	Ŀ	(OR_	X86=	
					+	145=		c)R	+290=	
	•				ADD	TOTAL			DR A	TOTAL	•
(Colum		(Column		(Column 3)				, ,	~		
REMAIN	ling	- HIGHES	3	PRESENT	Г	• 1		DI-	Γ		ADDI-
AMENDA		PREVIOUS PAID FOI		EXTRA	R	RATE	TIO _FE	NAL		RATE	TIONAL FEE
Total .	Minus	••		=	X	9=		$\neg \neg$		X\$18=	FEE
Independent +	Minus	***		=	-	43=		\dashv°	`` -		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+		o	R	X86=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.						45=		Oi	R L	-290=	·
The rughest number Previously Paid For IN THIS SPACE is less than 20						T. FEE		O		TOTAL DIT. FEE	
rne Trignest Number Previous	sty Paid For (Total	or Independent) i	is the hi	ghest number fo	und in	the appr	opria	de box in	colum	n 1.	